				SRF Di	isburs	sement	Reque	st For	m					
Participant Infor	mation												-	
Name: City of West Lafayette SRF Loan Number:								r:	WW141079 07					
DUNS Number:					6NKJ2	Request Number:				9				
Mailing Address:	711 West N	lavajo Stree	et											
City: West Lafayette State: IN					ZIP 47906)6					
Contact Person: Judith C			C. Rhodes, Clerk-Treasurer			Con	ntact Phone Number: 765-775-5150							
Authorized Representative: Mayor J			ohn R. Den	inis, or Cl-T	r J. Rhod	es Aut	norized Rep	resentative	ative Phone Number: 765-775-5100					
If requesting reimb	ursement to th	ne Participa	nt by wire	transfer pl	ease prov	ide the follo	wing inforn	nation:		1				
Bank Name: Bank Routing Number:														
Account Name:	count Name: Account Number:													
Loan Information	1													
Description of work (services, fees, type			made	Shera	iton and	Fairway Kno	lls Lift Statio	on Improve	ments					
Is any part of this c	Is any part of this claim funded by an alternate funding source?								☐ YES	⊠ NO				
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):									\$					
Is any part of this c	laim funded by	the Indian	a Brownfie	lds Progran	n?								☐ YES	⊠ NO
Has the Participant paid the request and is now seeking reimbursement?									☐ YES	⊠ NO				
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.								☐ YES	⊠ NO					
Are there Green Project Reserve components involved in this request?									⊠ NO					
If yes, please descri	ibe:									11.00				.1
Loan Financial In	formation													
Original Loan Amo	unt:											\$	2,610,000.00	
Total Amount of Pr	evious Disbur	sements:							\$	\$ 227,939.00				
Balance Available After this Disbursement:			\$					\$	\$ 2,379,247.00					
Amount to Contra	actor for this	Request:										\$	\$ 2,814.00	
Is any part of this re	equest a partia	l or final re	lease of re	tainage to t	he contr	actor?							☐ YES	⊠ NO
Contractor Name:	0.W. K	(rohn & Ass	ociates, LL	Р		DU	NS Numbe	r: 13	140 1684					
Mailing address:	231 Ea	st Main Str	eet											
City: Westfield				State:	IN					ZIP Code:	46	074		************
Wiring Information	•													
Bank Name:						Ва	nk Routing	Number:						
Account Name:						Ac	count Numl	oer:				ſ	T	-
Retainage Amour	nt for this Red	quest:										\$		
Participant request	s that the retai	nage amou	nt be held	by SRF:										
Participant request	s that the retai	nage amou	nt be sent	to the Part	icipant vi	a check to tl	ne mailing a	ddress liste	d above:					
Participant request	s that the retai	nage amou	nt be sent	to the follo	wing ban	ık:			- 1					
Bank Name:	Bank Routing Number:													
Account Name:						Ac	count Numb	oer:					т	
Total Amount of	this Request:											\$	2,814.0	0
The undersigned herel the project agreement of Labor requirements	, that the certif	fied payrolls												
						FEB 03	2015							
Facility	1												·	
For Internal Use On	iiy:			494			Data			GPR	T	\$		
Approved By:							Date:			Grk				



231 E. Main Street Westfield, Indiana 46074 Phone (317) 867-5888 www.owkcpa.com

INVOICE

Mrs. Judy Rhodes, Clerk Treasurer City of West Lafayette 609 W. Navajo West Lafayette, Indiana 47906

PROGRESS BILLING:

Re:

WEST LAFAYETTE WASTEWATER SRF BOND

For financial advisory services rendered in connection with the proposed issuance of the \$2,610,000 2014B Wastewater SRF Bonds. Included parity report and analysis, transfer schedules, deposit agreement amendments, preparation and attendance at pre-closing, closing activities and Gateway debt updates.

Time summary through:	12/31/2014	Total <u>Hours</u>
CPA's - Partner CPA's and Sr. Project Mgrs.		13.75 2.00
Time charges through:	12/31/2014	Total <u>Amount</u>
Standard time charges Out of pocket expenses		\$2,813.75 \$0.00
INVOICE AMOUNT		\$2,813.75

2014 hourly billing rates amount to \$135 for CPA's and Sr. Project Managers time charges and \$185 for CPA's - Partner time charges.

West Lafayette Wastewater SRF Bond Detail of Invoice Time December, 2014

CONSULTANT J. Hall	0.75		0.75	2.00
CPA J. Treat	2.00	4.00 1.25 1.50 1.00	0.50	13.75
PROJECT DESCRIPTION	Prepare for closing Pre-closing documents including parity report, transfer schedules, deposit agreement amendments and related financial advisor certifications	Attend pre-closing, follow-up with document revisions Follow-up requests from SRF Provide information for 12/15 closing SRF Bond closing	DLGF and required Gateway updates DLGF updates Review Gateway for SRF Bonds	Billed Hours
DEC	7	e 2 8 6	15 16 17	